Case 19-32308-KRH Doc 1 Filed 04/30/19 Entered 04/30/19 16:27:30 Desc Main Document Page 1 of 59

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF VIRGINIA	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Michael First name  Anton Middle name  Freeman, Jr. Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0819		

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Case number (if known)

Debtor 1 Michael Anton Freeman, Jr.

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)			
	doing business as names					
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		4311 Lamplighter Court Richmond, VA 23234				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Chesterfield				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing	Check one:	Check one:			
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case number (if known)

Michael Anton Freeman, Jr.

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Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When Case number District When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1

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Document Debtor 1 Michael Anton Freeman, Jr.

Case number (if known)

ar	Report About Any Bu	sinesses	You Own	as a Sole Proprietor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any					
	If you have more than one sole proprietorship, use a		Numb	er, Street, City, State & ZIP Code				
	separate sheet and attach it to this petition.		Check	k the appropriate box to describe your business:				
				Health Care Business (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
				Stockbroker (as defined in 11 U.S.C. § 101(53A))				
				Commodity Broker (as defined in 11 U.S.C. § 101(6))				
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	s. If you in	filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure C. 1116(1)(B).				
	For a definition of small	■ No.	I am n	ot filing under Chapter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	iling under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am fi	iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
ar	t 4: Report if You Own or	Have Any	Hazardo	ous Property or Any Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	Yes.	What is t	the hazard?				
	public health or safety? Or do you own any							
	property that needs immediate attention?			liate attention is why is it needed?				
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is	s the property?				
				Number, Street, City, State & Zip Code				

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Debtor 1 Michael Anton Freeman, Jr.

Case number (if known)

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. 

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. 

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. 

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. 

> I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Michael Anton Freeman, Jr.

Part	6: Answer These Questi	ons for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	<b>Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			☐ No. Go to line 16b.					
			■ Yes. Go to line 17.					
		16b.	Are your debts primarily busine money for a business or investme					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe th	nat are not consum	er debts or business	debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do yo are paid that funds will be available			rty is excluded and administrative expenses		
	administrative expenses are paid that funds will		■ No					
	be available for distribution to unsecured creditors?		Yes					
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000		<b>1</b> 25,001-50,000		
	you estimate that you owe?	□ 50-99		5001-10,000		☐ 50,001-100,000		
		☐ 100-19 ☐ 200-9		□ 10,001-25,000		☐ More than100,000		
19.	How much do you estimate your assets to	<b>\$</b> 0 - \$50,000		\$1,000,001 - \$		□ \$500,000,001 - \$1 billion		
	be worth?	□ \$50,001 - \$100,000 □ \$100,001 - \$500,000		□ \$10,000,001 - □ \$50,000,001 -		☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
			001 - \$500,000 001 - \$1 million	□ \$100,000,001		☐ More than \$50 billion		
20.	How much do you	<b>\$0 - \$</b>	50,000	□ \$1,000,001 - \$	\$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?	□ \$50,0	01 - \$100,000	□ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion				
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million				☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
Part	7: Sign Below							
For	you	I have ex	amined this petition, and I declare u	under penalty of pe	rjury that the informa	ation provided is true and correct.		
			chosen to file under Chapter 7, I amates Code. I understand the relief a			under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7.		
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill document, I have obtained and read the notice required by 11 U.S.C. § 342(b).				an attorney to help me fill out this				
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 134 and 3571.						
		Michael	ael Anton Freeman, Jr. Anton Freeman, Jr. e of Debtor 1		Signature of Debtor	2		
		Executed			Executed on	DD / YVVV		
			MM / DD / YYYY		IVIIVI /	DD/YYYY		

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Debtor 1 Michael Anton Freeman, Jr.

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Keith A. Pagano, Esq.	Date	April 30, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Keith A. Pagano, Esq. 47845		
Pagano & Marks, P.C.		
4510 S. Laburnum Ave Richmond, VA 23231		
Number, Street, City, State & ZIP Code		
Contact phone (804) 447-1002	Email address	kpagano@paganomarks.com
47845 VA		
Bar number & State		

Certificate Number: 00134-VAE-CC-032349190



# **CERTIFICATE OF COUNSELING**

I CERTIFY that on February 26, 2019, at 9:27 o'clock AM EST, Michael Anton Freeman, Jr. received from Cricket Debt Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Virginia, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 26, 2019 By: /s/Jeremy Phillips

Name: Jeremy Phillips

Title: Counselor

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

		Docume	nt Page 9 of 59	
Fill in this infor	mation to identify your	case:		
Debtor 1	Michael Anton F	reeman, Jr.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruntcy Court for the	FASTERN DISTRICT OF	VIRGINIA	

### Official Form 106Sum

Case number (if known)

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pa	t 1: Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	9,697.47
	1c. Copy line 63, Total of all property on Schedule A/B	\$	9,697.47
Pa	t 2: Summarize Your Liabilities		
			abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	4,248.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,292.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	26,460.00
	Your total liabilities	\$	32,000.00
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,715.40
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,708.50
Pa	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	edules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a personal,	family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

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Debtor 1 Michael Anton Freeman, Jr.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 4,454.54 \$ 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,292.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	1,292.00

		Document	Page 11 of 59		4/30/19 4.23111
Fill in this inf	formation to identify your	case and this filing:			
Debtor 1	Michael Anton Fr	reeman .lr			
20010.	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	EASTERN DISTRICT OF VIRG	INIA		
Case number					☐ Check if this is an
					amended filing
Official F	Form 106A/B				
_	ule A/B: Prop	ertv			12/15
		e items. List an asset only once. If	an asset fits in more than on	e category list the asset in t	
think it fits best	t. Be as complete and accura nore space is needed, attach	tte as possible. If two married peop a separate sheet to this form. On the	le are filing together, both are	e equally responsible for sup	plying correct
Part 1: Descri	ibe Each Residence, Building	g, Land, or Other Real Estate You O	wn or Have an Interest In		
1. Do you own	or have any legal or equitable	e interest in any residence, building	, land, or similar property?		
■ No. Go to	Part 2.				
☐ Yes. Whe	ere is the property?				
Part 2: Descri	ibe Your Vehicles				
		uitable interest in any vehicles, le, also report it on Schedule G: E			nicles you own that
someone else	dilves. Il you lease a verilo	ie, also report it on <i>schedule</i> o. L	Accusory Contracts and On	expired Leases.	
3. Cars, vans	, trucks, tractors, sport ut	tility vehicles, motorcycles			
□ No					
Yes					
0.4	Infiniti	M		Do not deduct secured clai	ms or exemptions. Put
3.1 Make:		Who has an interest in th	ie property? Check one	the amount of any secured	claims on Schedule D:
Model:	M35	Debtor 1 only		Creditors Who Have Claim	is Secured by Property.
Year:	2006 mate mileage: 169	Debtor 2 only  Debtor 1 and Debtor 2		Current value of the entire property?	Current value of the portion you own?
	Information:		•	entire property:	portion you own:
	ion: 4311 Lamplighter	At least one of the deb	iors and another		
	Richmond VA 2323	Check if this is comm (see instructions)	nunity property	\$4,600.00	\$4,600.00
4. Watercraft.	. aircraft. motor homes. A	TVs and other recreational veh	icles, other vehicles, and	accessories	
		onal watercraft, fishing vessels, s			
■ No					
☐ Yes					
		you own for all of your entries f . Write that number here			\$4,600.00
.pages you	i liave attached for 1 art 2.	write that number here			
Part 3: Descri	ibe Your Personal and Hous	ehold Items			
		able interest in any of the follow	ving items?	C	urrent value of the
,	a, .ogai or oquit			pe	ortion you own?
					o not deduct secured
6 Household	I goods and furnishings			Cl	aims or exemptions.
J. 1.043011314	Maiar annianasa formitara	Unione object Litabanius:			

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

	Case 19-323	308-KRH				Entered 04/30/	19 16:27:30	Desc Main
Debtor	Michael Ant	on Freeman,	Jr.	Document	Page	: 12 of 59 	ımber (if known)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
■ Ye	es. Describe							
		decoration held tools bedroom s	s, pictures including d uite's; Was	s, knick knacks, dining room furr	yard car niture; li	s, dishware, flatwa e equipment, han ving room furnitur	d	\$1,300.00
		Living Roo Location: 4		lighter Court, Ri	chmono	VA 23234		\$2,033.00
Exar	including cell	nd radios; audi phones, came			ipment; co	omputers, printers, sc	anners; music colle	ctions; electronic devices
				's, DVD Players, lighter Court, Ri		small appliances VA 23234		\$450.00
Exam ■ No □ Ye	other collecti os. Describe	ons, memorabi			ooks, pictu	ires, or other art obje	cts; stamp, coin, or	baseball card collections;
Exar	musical instr	graphic, exerci	ise, and othe	r hobby equipment	; bicycles,	pool tables, golf club	s, skis; canoes and	kayaks; carpentry tools;
10. <b>Fire</b> Exa □ No	arms amples: Pistols, rifle	s, shotguns, an	nmunition, ar	nd related equipme	nt			
- 16	es. Describe	Handgun Location: 4	1311 Lamp	lighter Court, Ri	chmond	VA 23234		\$500.00
	amples: Everyday cl	othes, furs, lea	ther coats, do	esigner wear, shoe	s, accesso	ories		
		Misc. Men' Location:		lighter Court, Ri	chmond	VA 23234		\$200.00
■ No	<i>amples:</i> Everyday je	welry, costume	e jewelry, eng	agement rings, we	dding ring	s, heirloom jewelry, w	ratches, gems, gold	, silver
Exa ■ No	-farm animals amples: Dogs, cats, o	birds, horses						

Official Form 106A/B Schedule A/B: Property page 2

D	Case 19-32308-I			Entered 04/30/19 16:27:30 age 13 of 59	Desc Main 4/30/19 4:23PM
14.	■ No ■ Yes. Give specific information	•	d not already list, inclu	ding any health aids you did not list	
15	5. Add the dollar value of all of for Part 3. Write that number			ntries for pages you have attached	\$4,483.00
	ioi i ait s. write that hambe				
Pa	art 4: Describe Your Financial As	sets			
De	o you own or have any legal o	r equitable interest	in any of the following	?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No			pox, and on hand when you file your petition	
	Yes				
				Cash	\$0.00
17.			ecounts; certificates of de nts with the same instituti Institution name		uses, and other similar
	17.	1. Checking	Account loca	ated at Wells Fargo	\$614.47
	17.:	2. <b>Savings</b>	Account loca	ated at Wells Fargo	\$0.00
18.	Bonds, mutual funds, or pub Examples: Bond funds, invest		orokerage firms, money r	narket accounts	
	■ No □ Yes	Institution or issue	er name:		
19.	Non-publicly traded stock ar joint venture	nd interests in incor	porated and unincorpo	orated businesses, including an interest	in an LLC, partnership, and
	No				
	Yes. Give specific information	Name of entity:		% of ownership:	
20.	Government and corporate by Negotiable instruments included Non-negotiable instruments at	e personal checks, c	ashiers' checks, promiss	ory notes, and money orders.	
	■ No □ Yes. Give specific informatio	on about them ssuer name:			
21.	■ No	RISA, Keogh, 401(k)	, 403(b), thrift savings ac	counts, or other pension or profit-sharing pl	ans
	☐ Yes. List each account sepa	rately.			
	. 76	e of account:	Institution name	<b>:</b> :	
22.	Security deposits and preparation of the Security S	oe of account:  yments osits you have made	so that you may continue	e: e service or use from a company gas, water), telecommunications companie	es, or others

Case 19-32308-KRH Doc 1 Filed 04/30/19 Entered 04/30/19 16:27:30 Desc Main Page 14 of 59 Document Case number (if known) Debtor 1 Michael Anton Freeman, Jr. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation. Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

□ No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund

value:

**Group Term Life Insurance Employer Provided** no cash value

Siblings

\$0.00

### 32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

☐ Yes. Give specific information..

Dobtor	Document	Page 15 of 59	Desc Main 4/30/19 4:23F
Debtor '	Michael Anton Freeman, Jr.	Case number (if known)	
Exa ■ No	ims against third parties, whether or not you have filed a law amples: Accidents, employment disputes, insurance claims, or ri lo es. Describe each claim		
_	er contingent and unliquidated claims of every nature, inclu	uding counterclaims of the debtor and rights to	set off claims
■ No	o es. Describe each claim		
ш 16	es. Describe each daim		
*	financial assets you did not already list		
■ No			
∐ Ye	es. Give specific information		
	dd the dollar value of all of your entries from Part 4, includir r Part 4. Write that number here		\$614.47
Part 5:	Describe Any Business-Related Property You Own or Have an Inter	rest In. List any real estate in Part 1.	
37. <b>Do v</b> o	ou own or have any legal or equitable interest in any business-relat	ted property?	
_ `	. Go to Part 6.		
☐ Yes	s. Go to line 38.		
	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	ม Own or Have an Interest In.	
16. <b>Do</b> v	you own or have any legal or equitable interest in any farm-	or commercial fishing-related property?	
`	No. Go to Part 7.	3 :	
	Yes. Go to line 47.		
Part 7:	Describe All Property You Own or Have an Interest in That You	u Did Not List Above	
Exa	you have other property of any kind you did not already list amples: Season tickets, country club membership	?	
■ No			
□ Ye	es. Give specific information		
54. <b>A</b> d	dd the dollar value of all of your entries from Part 7. Write th	nat number here	\$0.00
Part 8:	List the Totals of Each Part of this Form		
55. <b>P</b> a	art 1: Total real estate, line 2		\$0.00
	art 2: Total vehicles, line 5	\$4,600.00	Ψ0.00
	ent 2. Total nemonal and beveral ald items line 45	\$4,400.00	

56.	Part 2: Total vehicles, line 5		\$4,600.00		
57.	Part 3: Total personal and household items, line 15		\$4,483.00		
58.	Part 4: Total financial assets, line 36		\$614.47		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$9,697.47	Copy personal property total	\$9,697.47

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$9,697.47

Official Form 106A/B Schedule A/B: Property page 5

Fill in this infor				
Debtor 1	Michael Anton Fr	eeman, Jr.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number (if known)				Charle if this is an
(II KHOWH)				☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.			
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)			
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.			

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2006 Infiniti M35 169000 miles Location: 4311 Lamplighter Court,	\$4,600.00		\$2,385.00	Va. Code Ann. § 34-26(8)
Richmond VA 2323 Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Misc. household goods, furniture, appliances, dishware, flatware,	\$1,300.00		\$1,300.00	Va. Code Ann. § 34-26(4a)
decorations, pictures, thatware, decorations, pictures, knick knacks, yard care equipment, hand held tools including dining room furniture; living room furniture; bedroom suite's; Washer/Dryer Location: 4311 Lamplighter Co Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Misc. electronics: TV's, DVD Players, Stereo, small appliances	\$450.00		\$450.00	Va. Code Ann. § 34-26(4a)
Location: 4311 Lamplighter Court, Richmond VA 23234 Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Handgun	\$500.00		\$500.00	Va. Code Ann. § 34-26(4b)
Location: 4311 Lamplighter Court, Richmond VA 23234 Line from Schedule A/B: 10.1			100% of fair market value, up to any applicable statutory limit	

Case 19-32308-KRH Doc 1 Filed 04/30/19 Entered 04/30/19 16:27:30 Desc Main Document Page 17 of 59 Debtor 1 Michael Anton Freeman, Jr. Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Misc. Men's Clothing Va. Code Ann. § 34-26(4) \$200.00 \$200.00 Location: 4311 Lamplighter Court, 100% of fair market value, up to Richmond VA 23234 Line from Schedule A/B: 11.1 any applicable statutory limit **Checking: Account located at Wells** Va. Code Ann. § 34-4 \$614.47 \$614.47 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

	Document Page 1	8 of 59		4/30/19 4:23
Fill in this information to identify y	our case:			
Debtor 1 Michael Antor			_	
First Name	Middle Name Last Name			
Debtor 2 Spouse if, filing) First Name	Middle Name Last Name			
3,				
Inited States Bankruptcy Court for th	e: EASTERN DISTRICT OF VIRGINIA		-	
Case number				
if known)				t if this is an
			amen	ded filing
Official Form 106D				
		.l.l D		
schedule D: Creditor	s Who Have Claims Secure	d by Propert	У	12/15
	e. If two married people are filing together, both are e it out, number the entries, and attach it to this form. O			
Do any creditors have claims secured	by your property?			
☐ No. Check this box and submi	t this form to the court with your other schedules.	ou have nothing else t	to report on this form.	
Yes. Fill in all of the information	n below	_	·	
Part 1: List All Secured Claims				
	s more than one secured claim, list the creditor separatel	Column A	Column B	Column C
or each claim. If more than one creditor h	as a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
nuch as possible, list the claims in alphab	etical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
Consumer Portfolio Svc	Describe the property that secures the claim:	\$2,215.00	\$4,600.00	\$0.0
Creditor's Name	2006 Infiniti M35 169000 miles			
	Location: 4311 Lamplighter Court,			
Attn: Bankruptcy	Richmond VA 2323			
Po Box 57071	As of the date you file, the claim is: Check all that apply.			
Irvine, CA 92619	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	■ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
$\operatorname{\square}$ At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Opened 08/12 Last				

9510

Last 4 digits of account number

Active

Date debt was incurred 3/27/19

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Debtor 1 Michael Anton Freem	an, Jr.	Case number (if known)			
First Name Middl	e Name Last Name	-			
2.2 Westcreek Fi	Describe the property that secures the claim:	\$2,033.00	\$2,033.00	\$0.00	
Creditor's Name  Attn: Bankruptcy	Living Room Set Location: 4311 Lamplighter Court, Richmond VA 23234				
Po Box 5518 Glen Allen, VA 23058	As of the date you file, the claim is: Check all that apply.  Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien  The Judgment lien from a lawsuit	)			
Check if this claim relates to a community debt	Other (including a right to offset)				
Opened 12/23/17 Last Activ 1/05/18	e Last 4 digits of account number 47X	<u>(1</u>			
-	Column A on this page. Write that number here:	\$4,248.0	0		
If this is the last page of your form, a Write that number here:	dd the dollar value totals from all pages.	\$4,248.0	0		

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  When was the debt incurred?  12/31/16  As of the date you file, the claim is: Check all that apply  Contingent	30/19 4.231 W
Debtor 2   Special First Name	
Debtor 2   Spoulse if, Siring  Free Name	
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number  (if known)	
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA  Case number  (if known)	
Case number  (if known)    Check if this is a amended filling   Check if this is a admin has been in the part in the low and an amended filling in the amended filling	
Check if this is a amended filing  Difficial Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/1  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the eithing executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB)  Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the box of schedule D: Creditors Who have claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the box of the Attach the Continuation Page to this page. If you have no Information to report in a Part, do not file that Part. On the top of any additional pages, wr amen and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor is part and property of the creditor is a part of the part 1. If more than one creditor holds a particular claim, list the offer or endoirs or is Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority unsecured claims, list of the creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Internal Revenue Service  Pointy Creditor's Name Po Box 7346  Number Street City Store Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 on the debtor 2 only Debtor 4 least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Internal Revenue Service Pointy Creditor's Name Po Box 7346  Number Street City Store Zip Code Who incurred the debt? Name Po Box 7346  Number Street City State Zip Code Who incurr	
Check if this is a amended filing  Difficial Form 106E/F  Schedule E/F: Creditors Who Have Unsecured Claims  12/1  Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the eithing executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB)  Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the box of schedule D: Creditors Who have claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the box of the Attach the Continuation Page to this page. If you have no Information to report in a Part, do not file that Part. On the top of any additional pages, wr amen and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor is part and property of the creditor is a part of the part 1. If more than one creditor holds a particular claim, list the offer or endoirs or is Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Total claim Priority unsecured claims, list of the creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Internal Revenue Service  Pointy Creditor's Name Po Box 7346  Number Street City Store Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 on the debtor 2 only Debtor 4 least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Internal Revenue Service Pointy Creditor's Name Po Box 7346  Number Street City Store Zip Code Who incurred the debt? Name Po Box 7346  Number Street City State Zip Code Who incurr	
Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims  12/1  2a as complete and accurate as possible. Use Part 1 for creditors with PBIORTY claims and Part 2 for creditors with NONPRIORTY claims. List the other ye executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) schedule D: Creditors Who Have Claims Socured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the box eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, wr ame and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?  No. Go to Part 2: Yes.  2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim identity what type of claim it is. It a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As muc possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, lift the claim is negliabetical order according to the creditor's name. If you have more than two priority unsecured claims, lift the claim is claim. Is the claim claim. Is the claim claim. Is the claim claim. Is the claim is Check all that apply  Nonpriority Creditor's Name  Po Box 7346  Number Street City States Zip Code  Who incurred the debtr? Check one.    Contingent   Claims for death or personal injury while you were intoxicated	an
Schedule E/F: Creditors Who Have Unsecured Claims  30 as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NoNPRIORITY claims. List the oth my executory contracts or on unspringed leases that could result in a claim. Also list executory contracts on Schedule A/B: Property Official Form 1066). Do not include any creditors with partially secured claims that are listed it Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill tout, number the entries in the box eff. Attach the Continuation Page to this page. If you have no information to report in a Part, do not tile that Part. On the top of any additional pages, wr same and case number (if known).  Part 1: List All of Your PRIORITY Unsecured Claims  1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.	
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and a complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the cuty revenuery contracts or unoxypertel leases that could result in a claim. Also list security contracts or Schedule AB: Proparty (Official Form 196A/B) schedule 0: Executory Contracts and Unexpried Leases (Official Form 1960). Do not include any creditors with partially secured claims shared to expect the continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, wrame and case number (if known).    Part 1:	E
Internal Revenue Service  Last 4 digits of account number  Po Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Pionity Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Pionity Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Pionity Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Pionity Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  When was the debt in curred?  Plont Street City State Zip Code Who incurred the debt? Check one.  Po Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont Street City State Zip Code Who incurred the debt? Check one.  Plont State Zip Code Who incurred the debt? Check one.  Plont State Zip Code Who incurred the debt? Check one.  Plont State Zip Code Who incurred the debt? Check one.  Plont State Zip Code Who incurred the debt? Check one.  Plont State Zip Code Who incurr	
1. Do any creditors have priority unsecured claims against you?    No. Go to Part 2.	) and on in es on the
No. Go to Part 2.    Yes.	
List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As muc possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Para 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Internal Revenue Service  Priority Creditor's Name  PO Box 7346  Philadelphia, PA 19101-7346  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt is the claim subject to offset?  No Demestic support obligations  Taxes and certain other debts you owe the government is the claim subject to offset?  No Check if this claim is for a community debt is the claim subject to offset?  No Check if this claim is for a community debt is the claim subject to offset?  No Check if this claim is for a community debt is the claim subject to offset?  No Check if this claim is for a community debt is the claim subject to offset?  No Check if this claim is for a community debt is the claim subject to offset?  No Check if this claim is for a community debt is the claim subject to offset?  No Check if this claim is for a community debt is the claim is check all that apply  When was the debt incurred?  Claims for death or personal injury while you were intoxicated  No Check if this claim is check all that apply  When was the debt incurred?  Claims for death or personal injury while you were intoxicated  No Check if this claim is check all that apply	
2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As muc possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)  Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  No Other. Specify  Internal Revenue Service No Contingent Check if this claim is for a community debt is the claim subject to offset?  No Other. Specify  When was the debt incurred?  12/31/16 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Claims for death or personal injury while you were intoxicated Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Cast 4 digits of account number Street City State Zip Code Who incurred the debt? Check one.  Contingent	
identify what type of claim it is. if a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Paral 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)    Internal Revenue Service	
Internal Revenue Service	h as
Internal Revenue Service   Last 4 digits of account number   \$168.00   \$168.00	
Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Dettor 1 and Debtor 3 only Dettor 1 and Debtor 3 only Dettor 1 only Dettor 2 only Dettor 1 only Dettor 1 only Dettor 2 only Dettor 1 only Dettor 2 only Dettor 1 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Deftar 346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. Who incurred the debt? Check one.  When was the debt incurred? 12/31/17  As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.  Contingent	rity
PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Debtor 1 Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  When was the debt incurred? 12/31/17  As of the date you file, the claim is: Check all that apply Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Check Specify  When was the debt incurred? 12/31/16  As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent	\$0.00
Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Is the claim subject to offset? No Yes  Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one.  Contingent	
Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  As of the date you file, the claim is: Check all that apply Contingent Contingent Debtor 1 and Debtor 2 only Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  Last 4 digits of account number \$1,124.00 \$168.00  Street City State Zip Code Who incurred the debt? Check one. Contingent	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Is the claim subject to offset? No Yes  Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Indicated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify  When was the debt incurred?  \$1,124.00 \$168.00  \$168.00	
□ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Domestic support obligations □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ No □ Other. Specify □ Yes  2.2 Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. □ Contingent □ Disputed Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ When was the debt incurred? \$1,124.00 \$168.00	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Yes □ Internal Revenue Service □ Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ When was the debt incurred? 12/31/16 □ As of the date you file, the claim is: Check all that apply □ Contingent	
□ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes  □ Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □ When was the debt incurred? □ 12/31/16 ■ As of the date you file, the claim is: Check all that apply □ Contingent	
□ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes  □ Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □ Hast 4 digits of account number \$1,124.00 \$168.00  \$168.00  When was the debt incurred? □ 12/31/16  As of the date you file, the claim is: Check all that apply □ Contingent	
□ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes  □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ Other. Specify □ Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ When was the debt incurred? □ 12/31/16  As of the date you file, the claim is: Check all that apply □ Contingent	
Is the claim subject to offset?  No Other. Specify  Claims for death or personal injury while you were intoxicated Other. Specify  Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Claims for death or personal injury while you were intoxicated  State 4 digits of account number \$1,124.00 \$168.00  **Table 12/31/16  **Table 23/31/16  **Check all that apply** Contingent	
Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  Last 4 digits of account number \$1,124.00 \$168.00  When was the debt incurred?  12/31/16  As of the date you file, the claim is: Check all that apply  Contingent	
2.2 Internal Revenue Service	
Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  When was the debt incurred?  12/31/16  As of the date you file, the claim is: Check all that apply  Contingent	
PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one.  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent	\$956.00
Number Street City State Zip Code  As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one.  Contingent	
Who incurred the debt? Check one.	
□ Debtor 2 only □ Disputed  Type of PRIORITY unconvend elements	
Debtor 1 and Debtor 2 only  Type of PRIORITY unsecured claim:	
☐ At least one of the debtors and another ☐ Domestic support obligations ☐	
☐ Check if this claim is for a community debt  ■ Taxes and certain other debts you owe the government	
Is the claim subject to offset?  Claims for death or personal injury while you were intoxicated	
■ No □ Other. Specify	

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Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Advance America

Nonpriority Creditor's Name
4501 Williamsburg Rd, Ste W
Richmond, VA 23231

When was the debt incurred?

			Total claim
1	Advance America	Last 4 digits of account number	\$1,000.00
	Nonpriority Creditor's Name 4501 Williamsburg Rd, Ste W Richmond, VA 23231	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:  ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Consumer Debt	
2	AvanteUSA Ltd.	Last 4 digits of account number 4679	\$151.00
	Nonpriority Creditor's Name 3600 South Gessner Road Suite 225 Houston, TX 77063	When was the debt incurred? Opened 1/03/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify James River Emergency Gr	

Debtor 1 Michael Anton Freeman, Jr.

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4.3	Capital One	Last 4 digits of account number	4569	\$480.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 02/16 Last Active 3/25/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.4	Cash 2 U	Last 4 digits of account number		\$500.00
	Nonpriority Creditor's Name 6220 Hull Street Road Richmond, VA 23224	When was the debt incurred?		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Consumer	Debt	
4.5	Chippenham & Johnston-Willis H Nonpriority Creditor's Name	Last 4 digits of account number		\$3,183.00
	Patient Account Services P.O. Box 13620	When was the debt incurred?		
	Richmond, VA 23225  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Se	rvices	
			· · · · · · · · · · · · · · · · · · ·	

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Document Debtor 1 Michael Anton Freeman, Jr.

4.6	CJW Medical Center Nonpriority Creditor's Name	Last 4 digits of account number	\$1,000.00							
	Attn: Patient Accounts P.O. Box 13620	When was the debt incurred?								
	Richmond, VA 23225-8620  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply							
	■ Debtor 1 only	☐ Contingent								
	Debtor 2 only	☐ Unliquidated								
	☐ Debtor 1 and Debtor 2 only	_ '								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:							
	☐ Check if this claim is for a community	☐ Student loans								
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not							
	No	Debts to pension or profit-sharing	ng plans, and other similar debts							
	Yes	■ Other. Specify Medical Se	rvices							
4.7	Conn's HomePlus	Last 4 digits of account number	9730	\$5,384.00						
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 2358 Beaumont, TX 77704	When was the debt incurred?	Opened 01/18 Last Active 11/27/18							
	Number Street City State Zip Code  Who incurred the debt? Check one.	reet City State Zip Code  As of the date you file, the claim is: Check all that apply								
	■ Debtor 1 only									
	Debtor 2 only									
	Debtor 1 and Debtor 2 only	☐ Disputed								
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure								
	☐ Check if this claim is for a community	☐ Student loans								
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims								
	No	Debts to pension or profit-sharing								
	Yes	Other. Specify Secured								
4.8	First Premier Bank	Last 4 digits of account number	3701	\$387.00						
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524	When was the debt incurred?	Opened 09/15 Last Active 1/04/16							
	Sioux Falls, SD 57117  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply							
	■ Debtor 1 only	☐ Contingent								
	☐ Debtor 2 only	☐ Unliquidated								
	☐ Debtor 1 and Debtor 2 only	nly Disputed								
	$\square$ At least one of the debtors and another	_								
	Check if this claim is for a community	Student loans								
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not							
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts							
	☐ Yes									

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Michael Anton Freeman, Jr.		Case number (if known)	
Lyon Loans	Last 4 digits of account number		\$520.00
Nonpriority Creditor's Name P.O. Box 1547	When was the debt incurred?		
Sandy, UT 84091	when was the dept incurred?		
lumber Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Vho incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
ebt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Consumer	<del>-</del> •	
MidAmerica Bank & Trust Company	Last 4 digits of account number	7458	\$376.0
Ionpriority Creditor's Name		0	
Attn: Bankruptcy 216 West Second St	When was the debt incurred?	Opened 02/19 Last Active 4/18/19	
Dixon, MO 65459	when was the dest incurred:	4/10/19	
umber Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
/ho incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
ebt the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
MidAmerica Bank & Trust Company	Last 4 digits of account number	1729	Unknow
Nonpriority Creditor's Name  Attn: Bankruptcy		Opened 02/16 Last Active	
216 West Second St	When was the debt incurred?	4/22/16	
Dixon, MO 65459			
lumber Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
_			
Debtor 1 only	Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
At least one of the debtors and another	Student loans	u viunii.	
☐ Check if this claim is for a community ebt	☐ Obligations arising out of a sepa	aration agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing		
☐ Yes	Other. Specify Credit Card	i	

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Debto	Michael Anton Freeman, Jr.	Document Page 2	5 of 59 Case number (if known)			
4.1	Midland Funding	Last 4 digits of account number	8378	\$867.00		
	Nonpriority Creditor's Name 2365 Northside Dr Ste 300 San Diego, CA 92108	When was the debt incurred? Opened 01/17				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	■ Other. Specify Factoring (Bank N.A.	Company Account Credit One			
4.1	National Credit Systems, Inc.	Last 4 digits of account number	4550	\$2,447.00		
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	Opened 10/13			
	Po Box 312125 Atlanta, GA 31131					
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-sharing				
	Yes	Other. Specify Collection	Attorney Crystal Lakes Apts			
4.1	NCB Management Services	Last 4 digits of account number	9368	\$2,375.00		
	Nonpriority Creditor's Name Attn: Bankruptcy One Allied Drive	When was the debt incurred?	Opened 06/18			
	Trevose, PA 19053					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	☐ Check if this claim is for a community					
	debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				

■ No

☐ Yes

Other. Specify Bank Trust Co

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

**Factoring Company Account Republic** 

Debtor	1 Michael Anton Freeman, Jr.	Document Page 2	6 of 59 Case number (if known)	4/30/19 4:23Pl
4.1 5	NetCredit Nonpriority Creditor's Name	Last 4 digits of account number	4421	\$1,868.00
	175 W. Jackson Blvd., Suite 1000 Chicago, IL 60604	When was the debt incurred?	Opened 03/18 Last Active 8/18/18	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Unsecured		
4.1	Plain Green Loans	Last 4 digits of account number		\$1,000.00
0	Nonpriority Creditor's Name			· •
	PO Box 42560	When was the debt incurred?		
	Philadelphia, PA 19101  Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	, to or the date you me, the claim	on one an unat apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a sepa	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Consumer	Debt	
4.1	Progressive Finance	Last 4 digits of account number		\$1,500.00
1	Nonpriority Creditor's Name			, ,
	11629 South 700 East	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim	is: Chock all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	зэ. Спеск ан шасарру	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
		Student loans		
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	and the second of divolce that you did 110t	

■ No

☐ Yes

■ Other. Specify Consumer Debt

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Document Page 27 of 59 Debtor 1 Michael Anton Freeman, Jr. ase number (if known) 4.1 **Rocket Sports** \$520.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 3001 E Parham Rd When was the debt incurred? Henrico, VA 23228 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Consumer Debt ☐ Yes 4.1 Southwest Credit Systems 8471 \$206.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 4120 International Parkway When was the debt incurred? **Opened 05/18 Suite 1100** Carrollton, TX 75007 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Comcast ☐ Yes 4.2 St Francis Emergency Associate Unknown 0 Last 4 digits of account number Nonpriority Creditor's Name PO Box 79214 When was the debt incurred? Baltimore, MD 21279 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated

Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Services ☐ Yes

Document Page 28 of 59 Debtor 1 Michael Anton Freeman, Jr. ase number (if known) 4.2 St Mary's Hospital \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name 5801 Bremo Rd When was the debt incurred? Richmond, VA 23226 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Services ☐ Yes 4.2 Synchrony Bank/Care Credit 9980 \$472.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 04/18 Last Active Attn: Bankruptcy Dept Po Box 965060 When was the debt incurred? 5/22/18 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.2 Verizon 6728 \$124.00 3 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/17 Last Active Verizon Wireless Bk Admin 500 Technology Dr Ste 550 When was the debt incurred? 1/20/18 Weldon Springs, MO 63304 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No

☐ Yes

■ Other. Specify Agriculture

☐ Student loans

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

	Case 19-32308-KRH Doo		tered 04/30/19 16:27:30	Desc Main 4/30/19 4:23F					
Debt	or 1 Michael Anton Freeman, Jr.	Document Page 2	9 of 59 Case number (if known)						
4.2 4	Verizon	Last 4 digits of account number	9198	\$100.00					
	Nonpriority Creditor's Name Verizon Wireless Bk Admin 500 Technology Dr Ste 550 Weldon Springs, MO 63304	When was the debt incurred?	Opened 09/17 Last Active 10/26/17	_					
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a sepreport as priority claims	aration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify Agriculture	e						
hav not Name	rying to collect from you for a debt you owe to size more than one creditor for any of the debts the iffied for any debts in Parts 1 or 2, do not fill out a eand Address e Credit/GE Money Bank	at you listed in Parts 1 or 2, list the add or submit this page.  On which entry in Part 1 or Part 2 did you	itional creditors here. If you do not have a	dditional persons to be					
РО	Вох	`	Part 2: Creditors with Nonpriority Unsecured						
Orla	ando, FL 32896	Last 4 digits of account number	,						
	e and Address ncast	On which entry in Part 1 or Part 2 did you Line <b>4.19</b> of ( <i>Check one</i> ):	ા list the original creditor? I Part 1: Creditors with Priority Unsecured Cla	nime					
	. Box 3012	` ′	Part 2: Creditors with Nonpriority Unsecured						
Sou	theastern, PA 19398-3012	Last 4 digits of account number	- Fait 2. Ordators with Norpholity Orisedated	2 Glaims					
Cre	e and Address dit One Bank N.A. Madison Ave	_	Part 1: Creditors with Priority Unsecured Cla						
	v York, NY 10017	Last 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured	d Claims					
Cry:	e and Address stal Lakes Apts 1 Meadowdale Blvd		u list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Cla ☐ Part 2: Creditors with Nonpriority Unsecured						
Richmond, VA 23234		Last 4 digits of account number							
Name	e and Address	On which entry in Part 1 or Part 2 did you	list the original creditor?						

Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Republic Bank Trust Co Line 4.14 of (Check one): **Elastic Payment Processing** 

☐ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims

☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Last 4 digits of account number

Line 4.2 of (Check one):

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

**James River Emergency Group** 

Mailstop 43809623

PO Box 660827 Dallas, TX 75266-0827

PO Box 950276 Louisville, KY 40295 Case 19-32308-KRH Doc 1 Filed 04/30/19 Entered 04/30/19 16:27:30 Desc Main Page 30 of 59 Case number (if known)

Document

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
rom Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	1,292.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,292.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims	6f.	Student loans	6f.	\$	
claims	6f. 6g.	Obligations arising out of a separation agreement or divorce that	6f. 6g.	\$ 	
claims				·	0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00

Debtor 1 Michael Anton Freeman, Jr.

Fill in this infor	mation to identify your	case:		
Debtor 1	Michael Anton Fr	eeman, Jr.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number				
(if known)				☐ Check if this
				amended filin

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Belmont Hills Apartments	Rental Agreement

		Docume	nt <u>Page 32 d</u>	of 59	4/30/19 4.23I W
Fill in this	information to identify your	case:			
Debtor 1	Michael Anton F	rooman Ir			
DODIOI I	First Name	Middle Name	Last Name		
Debtor 2					
Spouse if, fill	ing) First Name	Middle Name	Last Name		
Jnited Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA		
Case num if known)	ber				7 Observit this is an
ii Kilowii)					Check if this is an amended filing
					amended ming
Officia	l Form 106H				
		labtara			
scned	lule H: Your Cod	eptors			12/15
II it out, a		boxes on the left. Attach	the Additional Page t	tion. If more space is needed, c to this page. On the top of any <i>i</i>	
	•	, , , ,			
1. Do	you have any codebtors? (If	you are filing a joint case, o	do not list either spouse	e as a codebtor.	
■ No					
☐ Ye	S				
2 14/:4	hin the leat 0 years, have ye	lived in a semmunity nr			and to writerian in aluda
	na, California, Idaho, Louisiana			r <b>y?</b> ( <i>Community property states a</i> ington, and Wisconsin.)	ina terniories include
	.,	,		<b>3</b> ,,	
■ No	. Go to line 3.				
☐ Ye	s. Did your spouse, former spo	use, or legal equivalent live	with you at the time?		
3. In Co	lumn 1, list all of your codeb	tors. Do not include your	spouse as a codebtor	r if your spouse is filing with yo	ou. List the person shown
				sure you have listed the credit	
	106D), Schedule E/F (Officia olumn 2.	I Form 106E/F), or Schedi	ile G (Official Form 10	06G). Use Schedule D, Schedule	e E/F, or Schedule G to fill
out o					
	Column 1: Your codebtor Name, Number, Street, City, State and Z	'IP Code		Column 2: The creditor to	
	Ivallie, Ivalliber, Street, City, State and 2	ir code		Check all schedules that ap	ply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			<u> </u>	
	City	State	ZIP Code		
2.0				Cobodula D. Kaa	
3.2	Name			□ Schedule D, line □ □ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street City	State	ZIP Code		
	O.1,	Sidio	Oude		

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EII	:										
	in this information to identify btor 1 Micha	, ,	on Freeman, Jr.								
	otor 2  ouse, if filing)					_					
Uni	ted States Bankruptcy Cour	t for the:	EASTERN DISTRICT	OF VIRGINIA							
	se number nown)						□ A		ed filing ent showin	g postpetition ollowing date:	
0	fficial Form 106I	<u> </u>					N	IM / DD/ Y	/YYY		
S	chedule I: Your	· Inco	ome								12/15
spo atta	plying correct information use. If you are separated a ch a separate sheet to this Describe Emplo Fill in your employment	and you s form. (	r spouse is not filing wi	ith you, do not inc onal pages, write	lude infor	mati	on about	your spoumber (if	ouse. If mo known). <i>A</i>	ore space is Answer every	needed,
	information.			Debtor 1						iling spouse	
	If you have more than one job, attach a separate page with information about additional		Employment status	■ Employed  □ Not employed	d			☐ Empl	oyed mployed		
	employers.		Occupation	Inbound Supe	ervisor						
	Include part-time, seasona self-employed work.	al, or	Employer's name	Anixter							
	Occupation may include s or homemaker, if it applies		Employer's address	2301 Patriot B Glenview, IL 6		ł					
			How long employed to	here? 2 yea	rs			_			
Par	t 2: Give Details Abo	out Mon	thly Income								
	mate monthly income as our unless you are separate		ate you file this form. If	you have nothing to	o report for	any	line, write	\$0 in the	space. In	clude your noi	n-filing
	ou or your non-filing spouse le space, attach a separate s			ombine the informat	tion for all	empl	oyers for	that perso	on on the li	nes below. If	you need
							For Del	otor 1		btor 2 or ing spouse	
2.	List monthly gross wage deductions). If not paid m				2.	\$	3	,570.67	\$	N/A	
3.	Estimate and list monthl	ly overti	me pay.		3.	+\$		732.42	+\$	N/A	
4.	Calculate gross Income.	. Add lin	e 2 + line 3.		4.	\$	4,30	03.09	\$	N/A	

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Debt	or 1	Michael Anton Freeman, Jr.		Case i	number ( <i>if known</i> )			
				For	Debtor 1		ebtor 2 or ling spouse	
	Cop	py line 4 here	4.	\$	4,303.09	\$	N/A	
E	Line							
5.		t all payroll deductions:		Φ.		Φ.		
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	578.54	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$ \$	0.00	\$	N/A	
	5d. 5e.	Insurance		\$ 	0.00	\$	N/A N/A	
	5e. 5f.	Domestic support obligations	5e. 5f.	\$ 	161.89 0.00	\$ 	N/A N/A	
	5g.	Union dues	5g.	\$-	0.00	\$	N/A	
	5h.	Other deductions. Specify: Life Insurance	5h.+	\$ 	34.49	· -	N/A	
	0	Voluntary Critical Illness		\$_	6.72	\$	N/A	
		Group Term Life		\$_	1.21	\$	N/A	
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	782.85	\$	N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	* — \$	3,520.24	\$	N/A	
8.		t all other income regularly received:		* —	0,020.24		1071	
0.	8a.							
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	n <b>t</b> 8c.	\$	0.00	\$	N/A	
	8d.		8d.	\$ 	0.00	\$	N/A	
	8e.	Social Security	8e.	<u>\$</u> —	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	ce 8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
		Federal & State Tax Refund			405.40		NI/A	
	8h.	Other monthly income. Specify: (amortized)	8h.+	\$	195.16	+ \$	N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	195.16	\$	N/A	
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		3,715.40 + \$		N/A = \$ 3	3,715.40
		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	ΙΟ.   Ψ-		<del>5,7 13.40</del> .			), <i>1</i> 13.40
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedul ude contributions from an unmarried partner, members of your household, you er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are no ecify:	ur depend		•		hedule J. 11. +\$	0.00
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The rete that amount on the Summary of Schedules and Statistical Summary of Certailies					·	3,715.40
							Combine monthly i	
13.	Do	you expect an increase or decrease within the year after you file this form No.	m?				monuny	modile
		Yes. Explain: Over time has now be terminated, debtor is now	v only v	vorki	ng 40 hours a	week.		

Official Form 106I Schedule I: Your Income page 2 Case 19-32308-KRH Doc 1 Filed 04/30/19 Entered 04/30/19 16:27:30 Desc Main Document Page 35 of 59

	in this informat	tion to identify yo	our occo:					
	in triis iniorma	don to identity yo	our case.					
Deb	tor 1	Michael Anto	on Freem	an, Jr.			k if this is:	
Deb	tor 2			_	An amended filing A supplement shov	ving postpetition chapter		
1	ouse, if filing)					13 expenses as of		
Unite	ed States Bankri	uptcy Court for the	: EASTE	RN DISTRICT OF VIRGIN	IIA	ī	MM / DD / YYYY	
Case	e number							
1	nown)							
Of	ficial Fo	rm 106J						
Sc	hedule	J: Your l	Exper	1989				12/15
Be a info nun	as complete a ormation. If mon mber (if know	and accurate as	possible. eded, atta ry question	If two married people and the control of the contro				r supplying correct
Pari	Is this a join		enoia					
	■ No. Go to	line 2.		ata hawaahaldO				
	_		ın a separa	ate household?				
	□ No	-	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	hold of Debt	or 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents i	names.						Yes
								□ No
								☐ Yes
								□ No □ Yes
							· ——	☐ Yes
								☐ Yes
3.	expenses of	enses include f people other the d your depende	han $_{m \Box}$	No Yes				<b>1</b> 163
exp	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		n assistance and		government assistance i luded it on <i>Schedule I:</i> Y			Your expe	enses
4.		r home owners		ses for your residence. I	nclude first mortgage	÷ 4. \$		1,047.00
	If not includ	,	s ground 0			·		
						40 ft		0.00
		state taxes rty, homeowner's	s or renter	's insurance		4a. \$ 4b. \$	-	0.00 19.50
		•	•	ipkeep expenses		4c. \$		0.00
		owner's associat	•			4d. \$		0.00
5.	Additional n	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$	-	0.00

Debtor 1 Michael	Anton Freeman, Jr.	Case number (if known)	
6. Utilities:			
	, heat, natural gas	6a. \$	150.00
•	wer, garbage collection	6b. \$	35.00
	e, cell phone, Internet, satellite, and cable services	6c. \$	
6d. Other. Sp		6d. \$	286.00
•	·	7. \$	0.00
2		·	433.00
		8. \$	0.00
	Iry, and dry cleaning	9. \$	125.00
	products and services	10. \$	150.00
Medical and de	•	11. \$	25.00
•	. Include gas, maintenance, bus or train fare.	12. \$	400.00
Do not include of	clubs, recreation, newspapers, magazines, and books	13. \$	120.00
	tributions and religious donations	14. \$	
5. Insurance.	andulono and rengious donations	ιτ. ψ	45.00
	nsurance deducted from your pay or included in lines 4 or 20		
15a. Life insura		,. 15a. \$	14.00
15b. Health ins		15b. \$	0.00
15c. Vehicle in		15c. \$	150.00
15d. Other inst		15d. \$	0.00
	nclude taxes deducted from your pay or included in lines 4 c	·	0.00
Specify:	, , ,	16. \$	0.00
. Installment or I		47- 0	440.00
	ents for Vehicle 1	17a. \$	449.00
	ents for Vehicle 2	17b. \$	0.00
	ecify: Furniture payment	17c. \$	160.00
17d. Other. Sp	· .	17d. \$	0.00
	of alimony, maintenance, and support that you did not		0.00
	your pay on line 5, Schedule I, Your Income (Official Fo s you make to support others who do not live with you.	**************************************	
	s you make to support others who do not live with you.	19.	0.00
Specify:	erty expenses not included in lines 4 or 5 of this form o		
	s on other property	20a. \$	0.00
20b. Real esta	• •	20b. \$	0.00
	homeowner's, or renter's insurance	20c. \$	0.00
	nce, repair, and upkeep expenses	20d. \$	
	nce, repair, and upkeep expenses ner's association or condominium dues	·	0.00
		20e. \$	0.00
. Other: Specify:	Contingencies	21. +\$	100.00
-	monthly expenses		
22a. Add lines 4	· ·	\$	3,708.50
22b. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form	106J-2 \$	
22c. Add line 22	a and 22b. The result is your monthly expenses.	\$	3,708.50
3. Calculate your	monthly net income.		
-	12 (your combined monthly income) from Schedule I.	23a. \$	3,715.40
	r monthly expenses from line 22c above.	23b\$	3,708.50
	, . ,	<del></del>	
	your monthly expenses from your monthly income.	23c. \$	6.90
i ne resul	t is your monthly net income.	250. μ	3.50
For example, do y	an increase or decrease in your expenses within the ye ou expect to finish paying for your car loan within the year or do you terms of your mortgage?		or decrease because of a
■ No.			
— No. П Yes	Explain here:		

Fill in this infor	rmation to identify your	case:			
Debtor 1	Michael Anton Fro	eeman, Jr.			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	OF VIRGINIA		
Case number					Charle if this is an
(ii kilowii)					☐ Check if this is an amended filing
Official For Declara		n Individual	Debtor's Sc	hedules	12/15
If two married p	eople are filing together	, both are equally respo	nsible for supplying cor	rect information.	
obtaining mone years, or both.		connection with a ban			ement, concealing property, or 00, or imprisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes.	Name of person				kruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sum	nmary and schedules file	d with this declarati	on and
X /s/ Mic	chael Anton Freeman	Jr.	X		
Micha	nel Anton Freeman, Jr ure of Debtor 1		Signature of	Debtor 2	
Date	April 30, 2019		Date		

_		nation to identify you				
De	btor 1	Michael Anton F First Name	reeman, Jr.  Middle Name	Last Name		
De	btor 2					
(Sp	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	VIRGINIA		
Ca	se number					
(if k	nown)				_	heck if this is an mended filing
						monaca ming
∩ı	fficial Fo	rm 107				
			Affairs for Individ	duals Filing for B	ankruptcy	4/19
					equally responsible for sup	
info	rmation. If m	ore space is needed,	attach a separate sheet to		additional pages, write you	
nun	nber (if knowr	n). Answer every ques	stion.			
Pa	rt 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	ıs?			
	☐ Married					
	■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	<b>-</b>		•	•		
	■ No □ Yes. Lis	t all of the places you li	ived in the last 3 vears. Do no	ot include where you live now	<i>'</i> .	
		ior Address:	Dates Debtor 1	·		Dates Debtor 2
	Debior I Pri	ioi Address.	lived there	Debtor 2 Prior Ad	uress.	lived there
3.	Within the la	st 8 years, did you ev	er live with a spouse or leg	gal equivalent in a commun	ity property state or territory	? (Community property
stat					co, Texas, Washington and W	
	No					
	☐ Yes. Ma	ke sure you fill out Sch	nedule H: Your Codebtors (O	fficial Form 106H).		
Pa	rt 2 Explai	n the Sources of You	r Income			
4.				ng a business during this yeall businesses, including part-	ear or the two previous caler time activities.	ndar years?
	If you are filin	g a joint case and you	have income that you receiv	e together, list it only once ur	der Debtor 1.	
	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
Fre	om January 1	of current year until	<b>=</b>	\$14,950.96	□ Wagos commissions	
		d for bankruptcy:	■ Wages, commissions, bonuses, tips	φ14, <del>3</del> 30.90	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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Debtor 1 Michael Anton Freeman, Jr.

					Debtor 1			Debtor 2		
					Sources of income Check all that apply.	(before	s income re deductions and sions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
			dar year: December 3	31, 2018 )	■ Wages, commissions, bonuses, tips		\$51,443.38	☐ Wages, combonuses, tips	imissions,	
					☐ Operating a business			☐ Operating a	business	
			dar year bef December 3		■ Wages, commissions, bonuses, tips		\$50,931.00	☐ Wages, com bonuses, tips	missions,	
					☐ Operating a business			☐ Operating a	business	
	and winr	other nings. I	public benefi f you are filir	t payments; p ng a joint cas ne gross inco	er that income is taxable. Exa pensions; rental income; inter e and you have income that y me from each source separa	rest; divid you recei	dends; money collectived together, list it	cted from lawsuits; only once under De	royalties; an ebtor 1.	ecurity, unemployment, d gambling and lottery
					Debtor 1			Debtor 2		
					Sources of income Describe below.	each (before	s income from source re deductions and sions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pai	rt 3:	List	Certain Pay	ments You	Made Before You Filed for	Bankrup	otcy			
6.	Are □	No.	Neither De individual puring the No. Yes	btor 1 nor D rimarily for a 90 days befo Go to line 7. List below e paid that cre not include po adjustment r Debtor 2 o	s debts primarily consumer ebtor 2 has primarily consupersonal, family, or househout re you filed for bankruptcy, diach creditor to whom you paieditor. Do not include payment and attorney for the on 4/01/22 and every 3 years both have primarily consure you filed for bankruptcy, di	umer del ild purpos id you pa id a total ints for do his banki is after th umer del	ots. Consumer deb se." by any creditor a total of \$6,825* or more mestic support obli- ruptcy case. at for cases filed or ots.	al of \$6,825* or mo in one or more pay gations, such as ch or after the date o	re? /ments and ti illd support a f adjustment	he total amount you and alimony. Also, do
			_ `	·		iu you pa	ly arry creditor a tota	ar or \$000 or more:		
			■ No. □ Yes	include payı	ach creditor to whom you pai ments for domestic support o this bankruptcy case.					
	Cre	editor'	s Name and	Address	Dates of payme	ent	Total amount	Amount you still owe	Was this p	payment for

Page 40 of 59 Document Debtor 1 ase number (if known) Michael Anton Freeman, Jr. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Amount you Reason for this payment Dates of payment **Total amount** still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Chippenham And Johnston Willis **CIVIL JUDGMENT** RICHMOND CITY DISTRICT □ Pending H vs MICHAEL FREEMAN COURT □ On appeal 763GV1601495800 Concluded - 3,183.00 RICHMOND CITY DISTRICT Cash 2 U Payday Loans vs CIVIL JUDGMENT Pending MICHAEL FREEMAN COURT □ On appeal 763GV1401935900 Concluded - 500.00 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Describe the Property Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. П **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

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Page 41 of 59 Case number (if known) Debtor 1 Michael Anton Freeman, Jr. 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Pagano & Marks, P.C. \$1110.00 Attorney Fee, \$335.00 Court 4/23/19 \$1,500.00 Filing Fee \$33.00 credit report, \$22.00 4510 S. Laburnum Ave. Richmond, VA 23231 **Homestead Deed** \$24.00 **Cricket Debt Couseling** \$24.00 paid by debtor directly to www.cricketdebt.com agency

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Debtor 1 Michael Anton Freeman, Jr.

17.	Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that you	ors or to make payments			transfer any propert	y to anyone who
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and v transferred	alue of any prope	-	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrup transferred in the ordinary course of your I include both outright transfers and transfers include gifts and transfers that you have alreated No  Yes. Fill in the details.	business or financial affa nade as security (such as t	airs? he granting of a se			
	Person Who Received Transfer Address	Description and v property transfer			y property or eceived or debts nange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankru beneficiary? (These are often called asset-pi ■ No □ Yes. Fill in the details.		y property to a se	lf-settled trus	t or similar device o	f which you are a
	Name of trust	Description and v	alue of the proper	rty transferred	I	Date Transfer was
				,		made
Par	List of Certain Financial Accounts, Ir	nstruments, Safe Deposit	Boxes, and Stora	age Units		
20.	Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso	or other financial accoun	nts; certificates of	•		,
	Yes. Fill in the details.					
		Look A digito of	Type of account	Doto	account was	l aat balanaa
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	close move	account was ed, sold, ed, or sferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, any	safe deposit b	oox or other deposit	ory for securities,
	☐ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the co	ontents	Do you still have it?
22.	Have you stored property in a storage unit	or place other than your	home within 1 ye	ar before you	filed for bankruptcy	?
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		escribe the co	ontents	Do you still have it?

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Pai	t 9: Identify Property You Hold or Control for	Someone Else			
23.	Do you hold or control any property that some for someone.	one else owns? Include any prop	erty y	ou borrowed from, are storing for	or hold in trust
	■ No □ Yes. Fill in the details.				
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	escribe the property	Value
Pai	t 10: Give Details About Environmental Inform	ation			
For	the purpose of Part 10, the following definitions	apply:			
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	ir, land, soil, surface water, grou	_	•	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		ıl law,	, whether you now own, operate, o	r utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or	mental law defines as a hazardo	us wa	ste, hazardous substance, toxic s	ubstance,
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of wh	en the	ey occurred.	
24.	Has any governmental unit notified you that yo	u may be liable or potentially liab	le un	der or in violation of an environme	ntal law?
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State & ZIP Code)	and	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?			
	■ No □ Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State 2 ZIP Code)	and	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admini	strative proceeding under any en	viron	mental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.				
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case
Pai	t 11: Give Details About Your Business or Con	nnections to Any Business			
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have	any o	f the following connections to any	business?
	☐ A sole proprietor or self-employed in a	trade, profession, or other activit	y, eith	ner full-time or part-time	
	☐ A member of a limited liability company	(LLC) or limited liability partners	ship (I	LLP)	
	☐ A partner in a partnership				
	☐ An officer, director, or managing execu	tive of a corporation			

 $\hfill\square$  An owner of at least 5% of the voting or equity securities of a corporation

Page 44 of 59 Case number (if known) Document Debtor 1 Michael Anton Freeman, Jr. No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued **Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Michael Anton Freeman, Jr. Signature of Debtor 2 Michael Anton Freeman, Jr. Signature of Debtor 1 Date April 30, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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☐ Yes. Name of Person

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Fill in this infor	rmation to identify yo	our case:		
Debtor 1	Michael Anton			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the	e: EASTERN DISTR	RICT OF VIRGINIA	
Case number				
(if known)				☐ Check if this is an
				amended filing
	nt of Intent		viduals Filing Under Chapto	er 7 12/15
	•	chapter 7, you must fil	ll out this form if:	
_	ve claims secured by		at aunimed	
You must file th	nis form with the cou lever is earlier, unles		you file your bankruptcy petition or by the date so e time for cause. You must also send copies to th	
	people are filing toge and date the form.	ther in a joint case, bo	oth are equally responsible for supplying correct in	nformation. Both debtors must
	and accurate as pos your name and case		s needed, attach a separate sheet to this form. On	the top of any additional pages,
Part 1: List Y	our Creditors Who I	lave Secured Claims		
1. For any credi	•	n Part 1 of Schedule D	c Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
Identify the co	reditor and the proper	ty that is collateral	What do you intend to do with the property tha secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's (	Consumer Portfoli	o Svc	☐ Surrender the property.	□No
name:			Retain the property and redeem it.	2110
			Retain the property and enter into a	■ Yes
Description of			Reaffirmation Agreement.	
property securing debt	Location: 4311 t: Court, Richmor		☐ Retain the property and [explain]:	_
Creditor's \	Westcreek Fi		☐ Surrender the property.	■ No
name:			Retain the property and redeem it.	_ 140
			Retain the property and enter into a	☐ Yes

Part 2: List Your Unexpired Personal Property Leases

Location: 4311 Lamplighter

Court, Richmond VA 23234

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Retain & Pay

Reaffirmation Agreement.

Retain the property and [explain]:

Describe your unexpired personal property leases

Description of Living Room Set

Will the lease be assumed?

Official Form 108

property

securing debt:

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Deb	tor 1	Michael Anton Freeman, Jr.	Case number (if known)
Des		ame: n of leased	□ No
Prop	perty:		☐ Yes
	sor's na	ame: n of leased	□ No
	perty:		☐ Yes
	sor's na	ame: n of leased	□ No
	perty:	To reased	☐ Yes
	sor's na	ame: n of leased	□ No
	perty:		☐ Yes
	sor's na	ame: n of leased	□ No
	perty:		☐ Yes
	sor's na	ame: n of leased	□ No
	perty:	Torreased	☐ Yes
	sor's na	ame: n of leased	□ No
	perty:	. 6. 164664	☐ Yes
Part	3: 3	Sign Below	
Unde	er pena	alty of perjury, I declare that I have indicated m	intention about any property of my estate that secures a debt and any personal
prop	erty th	at is subject to an unexpired lease.	
X		ichael Anton Freeman, Jr.	X X
		ael Anton Freeman, Jr. ture of Debtor 1	Signature of Debtor 2
	Date	April 30, 2019	Date

Case 19-32308-KRH Doc 1 Filed 04/30/19 Entered 04/30/19 16:27:30 Desc Main Document Page 47 of 59 United States Bankruptcy Court

**Eastern District of Virginia** 

In re	Michael Anton Freeman, Jr.	Case No.	
	Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENSATION OF ATTOL IN A CHAPTER 13 CASE		<u>DEBTOR</u>
	(for use in the Richmond Division	only)	
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am t compensation paid to me, for services rendered or to be rendered on behalf of the del bankruptcy case is as follows:		
	For legal services, I have agreed to accept	. \$	1,110.00
	Prior to the filing of this statement I have received	\$	1,110.00
	Balance Due	\$	0.00
2.	\$ 335.00 of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	$\blacksquare$ Debtor $\square$ Other (specify)		
4.	The source of compensation to be paid to me is:		
	■ Debtor $\square$ Other (specify)		
5.	■ I have not agreed to share the above-disclosed compensation with any other person un	nless they are men	nbers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who copy of the agreement, together with a list of the names of the people sharing in the copy of the agreement.		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects Bankruptcy Rule $2016-1(C)(3)$ .	of the bankruptcy	case, as required by Local
7.	I am electing to request compensation and reimbursement of expenses in this case:		
	a. ■ In accordance with the "no-look" fee set forth in Local Bankruptcy Rule 2016-1	(C)(1)(a) and (C)	(3)(a).
	b. ☐ By submitting applications for compensation in the manner set forth in Local Ba	ankruptcy Rule 20	16-1(C)(1)(c)(ii).
	An attorney for the debtor that fails to make the election to request compensation pure $(C)(3)(a)$ at the commencement of the case will be deemed to have elected to request Bankruptcy Rule 2016-1( $C$ )(1)( $c$ )(ii).		

Case 19-32308-KRH Doc 1 Filed 04/30/19 Entered 04/30/19 16:27:30 Desc Main Document Page 48 of 59 CERTIFICATION

I certify that the foregoing is an accurate statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 30, 2019	
Date	

/s/ Keith A. Pagano, Esq. Keith A. Pagano, Esq. 47845 Signature of Attorney

Pagano & Marks, P.C.

Name of Law Firm 4510 S. Laburnum Ave Richmond, VA 23231 (804) 447-1002 Fax: (804) 562-5924

# NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

#### PROOF OF SERVICE

	THOUT OF BEAUTION
	this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee e 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class
Date	Signature of Attorney

Fill in this info	ormation to identify your case:		Ch	ack one	hox only as d	irected in this form and	d in Form
Debtor 1	Michael Anton Freeman, Jr.			2A-1Sup			7 III 1 OIIII
Debtor 2				■ 1 The	are is no nres	umption of abuse	
(Spouse, if filing)							mation of abuse
United States	s Bankruptcy Court for the: Eastern District of	Virginia				o determine if a presui nade under <i>Chapter 7</i>	
Case numbe	r			Ca	lculation (Off	icial Form 122A-2).	
(if known)						does not apply now be service but it could ap	
				☐ Chec	k if this is a	n amended filing	
Official	Form 122A - 1						
Chapte	r 7 Statement of Your Cui	rent Mor	nthly Inc	ome			12/1
attach a separa case number ( qualifying mili	e and accurate as possible. If two married people ate sheet to this form. Include the line number to vif known). If you believe that you are exempted fro tary service, complete and file Statement of Exemple Calculate Your Current Monthly Income	hich the additior mapper a presumption	nal information a of abuse becau	applies. O se you do	n the top of a	ny additional pages, wri narily consumer debts o	te your name and or because of
1. What is	s your marital and filing status? Check one or	nly.					
■ Not	married. Fill out Column A, lines 2-11.						
☐ Marı	ried and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.			
☐ Marı	ried and your spouse is NOT filing with you.	You and your s	spouse are:				
□Li	ving in the same household and are not lega	ılly separated.	Fill out both Co	lumns A	and B, lines 2	2-11.	
р	ving separately or are legally separated. Fill enalty of perjury that you and your spouse are living apart for reasons that do not include evading	egally separated	d under nonbar	kruptcy l	aw that applic	es or that you and you	
101(10A). F the 6 month	average monthly income that you received from all For example, if you are filing on September 15, the 6-ms, add the income for all 6 months and divide the tota on the same rental property, put the income from that p	onth period would by 6. Fill in the re	be March 1 thro	ugh Augus de any inc	st 31. If the amo	ount of your monthly incomore than once. For examp	ne varied during ole, if both
				Column Debtor		Column B Debtor 2 or non-filing spouse	
	ross wages, salary, tips, bonuses, overtime, deductions).	and commission	ons (before all	\$	4,259.38	\$	
	y and maintenance payments. Do not include B is filled in.	payments from	a spouse if	\$	0.00	\$	
of you of from an and roo	ounts from any source which are regularly proof your dependents, including child support unmarried partner, members of your household mmates. Include regular contributions from a spon on the include payments you listed on line 3.	Include regular d, your depende	contributions nts, parents,	\$	0.00	\$	
5. Net inc	ome from operating a business, profession,						
0		\$ 0.00	otor 1				
	eceipts (before all deductions) y and necessary operating expenses	-\$ 0.00					
	y and necessary operating expenses nthly income from a business, profession, or far		Copy here ->	\$	0.00	\$	
	ome from rental and other real property						
		Deb	otor 1				
Gross re	eceipts (before all deductions)	\$ 0.00					
	y and necessary operating expenses	-\$ 0.00		•	0.00	•	
Net mor	nthly income from rental or other real property	\$	Copy here ->		0.00	\$	
7 Interest	t. dividends, and rovalties			\$	0.00	ψ	

Official Form 122A-1

or 1 Michael Anton Freema	n, Jr.			Case numb	oer ( <i>if known</i> )			
				Column A Debtor 1	l	Column Debtor		
Unemployment compensation				\$	0.00	\$		
Do not enter the amount if you ce the Social Security Act. Instead,		eceived was a ber	nefit under					
For you	\$ _		0.00					
For your spouse	\$_							
Pension or retirement income benefit under the Social Security		unt received that v	was a	\$	0.00	\$		
<ol> <li>Income from all other sources         Do not include any benefits rece         received as a victim of a war crir         domestic terrorism. If necessary         total below.     </li> </ol>	ived under the Social Sec ne, a crime against huma	curity Act or paym nity, or internation	ents nal or					
Tax Refund (amorit	zed)			\$	195.16	\$		
				\$	0.00	\$		
Total amounts from sep	parate pages, if any.		+	\$	0.00	\$		
. Calculate your total current me each column. Then add the total	for Column A to the total	for Column B.	\$	4,454.54	+ \$		Total incom	4,454.54
Determine Whether the								
<ol> <li>Calculate your current month!</li> <li>12a. Copy your total current mor</li> </ol>	•	·		Со	py line 11 h	ere=>	\$	4,454.54
Multiply by 12 (the number	of months in a year)						X	12
12b. The result is your annual in	come for this part of the f	orm					12b. \$	53,454.48
. Calculate the median family in	come that applies to yo	u. Follow these st	teps:					
Fill in the state in which you live.		VA						
Fill in the number of people in yo	our household.	1						
							1	

Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Michael Anton Freeman, Jr.

Michael Anton Freeman, Jr.

Signature of Debtor 1

Date April 30, 2019

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

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Debtor 1 Michael Anton Freeman, Jr. Case number (if known)

#### **Current Monthly Income Details for the Debtor**

**Debtor Income Details:** 

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Anixter** Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\$38,179.22}{\$51,443.38}\$ from check dated \$\frac{9/30/2018}{12/31/2018}\$.

This Year:

Current Year-to-Date Income: \$12,292.10 from check dated 3/31/2019 .

Income for six-month period (Current+(Ending-Starting)): \$25,556.26.

Average Monthly Income: **\$4,259.38**.

Line 10 - Income from all other sources Source of Income: Tax Refund (amoritzed) Constant income of \$195.16 per month.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation
\$2	45	filing fee
\$7	75	administrative fee
+ \$	15	trustee surcharge
\$3	35	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Advance America 4501 Williamsburg Rd, Ste W Richmond, VA 23231

AvanteUSA Ltd. 3600 South Gessner Road Suite 225 Houston, TX 77063

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Care Credit/GE Money Bank PO Box Orlando, FL 32896

Cash 2 U 6220 Hull Street Road Richmond, VA 23224

Chippenham & Johnston-Willis H Patient Account Services P.O. Box 13620 Richmond, VA 23225

CJW Medical Center Attn: Patient Accounts P.O. Box 13620 Richmond, VA 23225-8620

Comcast P.O. Box 3012 Southeastern, PA 19398-3012

Conn's HomePlus Attn: Bankruptcy Dept Po Box 2358 Beaumont, TX 77704

Consumer Portfolio Svc Attn: Bankruptcy Po Box 57071 Irvine, CA 92619 Credit One Bank N.A. 335 Madison Ave New York, NY 10017

Crystal Lakes Apts 3501 Meadowdale Blvd Richmond, VA 23234

First Premier Bank Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

James River Emergency Group Mailstop 43809623 PO Box 660827 Dallas, TX 75266-0827

Lyon Loans P.O. Box 1547 Sandy, UT 84091

MidAmerica Bank & Trust Company Attn: Bankruptcy 216 West Second St Dixon, MO 65459

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108

National Credit Systems, Inc. Attn: Bankruptcy Po Box 312125 Atlanta, GA 31131

NCB Management Services Attn: Bankruptcy One Allied Drive Trevose, PA 19053 NetCredit 175 W. Jackson Blvd., Suite 1000 Chicago, IL 60604

Plain Green Loans PO Box 42560 Philadelphia, PA 19101

Progressive Finance 11629 South 700 East Draper, UT 84020

Republic Bank Trust Co Elastic Payment Processing PO Box 950276 Louisville, KY 40295

Rocket Sports 3001 E Parham Rd Henrico, VA 23228

Southwest Credit Systems 4120 International Parkway Suite 1100 Carrollton, TX 75007

St Francis Emergency Associate PO Box 79214 Baltimore, MD 21279

St Mary's Hospital 5801 Bremo Rd Richmond, VA 23226

Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Verizon Verizon Wireless Bk Admin 500 Technology Dr Ste 550 Weldon Springs, MO 63304 Westcreek Fi Attn: Bankruptcy Po Box 5518 Glen Allen, VA 23058